

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>8-9-05</u>		2 Serial/Patent # <u>10/522900</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
<input checked="" type="checkbox"/>	Filing	1	2-1-05	\$ 100						
<input type="checkbox"/>	Amendment			\$						
<input type="checkbox"/>	Extension of Time			\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			\$						
<input type="checkbox"/>	Petition			\$						
<input type="checkbox"/>	Issue			\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$						
<input type="checkbox"/>	Maintenance			\$						
<input type="checkbox"/>	Assignment			\$						
<input type="checkbox"/>	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$						
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> <td style="width: 20px;">75</td> </tr> </table>			1	9	--	4	3	75
1	9	--	4	3	75					
	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:		TITLE:								
SIGNATURE: <u><i>A. Johnson</i></u>		PHONE:								
OFFICE:										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED:		DATE:								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**